

Medicare and Other Insurance for People with Disabilities

Becoming Eligible for Medicare:

When you are entitled to Social Security disability benefits for 24 months, you are eligible for Medicare beginning the 25th month. An exception applies if you have been diagnosed with Amyotrophic Lateral Sclerosis (ALS) also known as Lou Gehrig's disease. If you have ALS, Medicare begins the first month you are entitled to Social Security disability benefits.

If you have questions about your Medicare eligibility and enrollment, you should contact **1-800-772-1213** or your local Social Security Office.

Provide them with this information:

- When your disability benefits began.
- Whether you or a family member is working for an employer with 100 or more employees, and whether you are covered by the employer group health plan (EGHP).

Ask these questions:

- Will Medicare pay first or will other insurance I have pay first?
- Should I sign up for Medicare Part B?
- If I do not sign up for Medicare Part B, will I have to pay a penalty later?
- If you are told you do not need to sign up for Medicare Part B, ask Social Security to send that decision to you in writing.

If you have questions about information in this fact sheet,
call the Senior Health Insurance Information Program (SHIIP):

1-800-259-5301

Enrolling in Medicare

Automatic for Most People:

Generally, enrollment in Medicare Part A and Part B is automatic. If you are receiving disability benefits, you will receive a Medicare card showing the date your Medicare benefits begin.

You receive **Medicare Part A premium-free**. The premium for Medicare Part B is \$93.50 per month (2007). You need both Medicare Part A and Part B for the best coverage. However, you may choose to defer Medicare part B if you are covered under an employer group health plan with 100 or more employees. If you choose to defer Part B it may be possible to pick it up later without penalty (see below).

Enrollment When Covered by an Employer Plan:

Employers with **100** or more employees are required to continue your health insurance coverage. **You must be currently employed** or covered under an employer group health plan of a **family member who is currently employed**.

As long as employment continues and the employer has 100 or more employees, the employer group plan will pay first for your health care. Medicare will be a second payer. You can wait to enroll in Part B until you or your working family member is no longer actively employed. You have up to eight months to enroll in Part B after you or your family member quits working.

Benefit Options When You Have Medicare

Original Medicare with Supplemental Insurance:

With Original Medicare, you share in the cost of your health care. Most people like to have supplemental insurance to pay some deductible and coinsurance amounts.

- **Medicare Supplement Policies:**

In Louisiana, all Medicare beneficiaries have an open enrollment into Medicare supplement insurance, **REGARDLESS OF AGE**, the first six months your Medicare Part B is effective. These companies responding to our survey are listed in the current **Louisiana Medicare Supplement Comparison Guide** available from SHIP at **1-800-259-5301** or on-line at www.lti.state.la.us. All plans available are guarantee issue if you are in your open enrollment period. That means they must accept you; however, these plans may be expensive.

At age 65 you will have another six-month open enrollment period.

Again, you can't be turned down for any plan being sold. You can't be charged a higher premium because of any health conditions.

If you become covered by an employer group health plan, you can suspend your Medicare supplement policy indefinitely.

- **Employer Insurance:**

If you continue to be covered under an employer group health plan after you or your family member quits working, the employer plan can supplement Medicare. It will pay after Medicare pays. These plans may have drug coverage and other benefits not available in Medicare supplement policies. (Also, see COBRA, p.6.)

Medicare Advantage Plans:

You may choose to receive your Medicare Part A and Part B benefits through a Medicare Advantage Plan. The plan has a contract with Medicare to handle your Medicare Part A and Part B benefits for you. **You do not need a Medicare supplement with these plans.**

Any of these other Medicare health plan covers **all the same services as Original Medicare**. Plans often cover additional services such as prescription drugs, routine physicals and vision services.

Some Medicare Advantage plans require a premium; others have no premium. Benefits begin from the first day the plan is effective for you.

Plans operate in different ways, and your costs with each plan will differ. You may pay a deductible, a set copayment amount or a percentage of the cost for services. You do not need a Medicare supplement when enrolled in one of these Medicare health plans.

A Medicare Advantage plan has to take you if you are on Medicare because of disability, have both Medicare Part A and Part B, reside within their service area and are not diagnosed with End Stage Renal Disease (ESRD).

- **Medicare Advantage Plans in Louisiana:**

Medicare Advantage coverage is available to people who live in Louisiana based on your zip code.

The Medicare Advantage plans have a restricted network of doctors, hospitals and other providers of health care services. You are required to go to the plan's network providers. The Medicare Advantage plan will not pay for care received outside the plan except when they refer you, or you need emergency or urgent care.

Medicare Preferred Provider Organization (PPO) coverage is available to people who live in Louisiana based on your current zip code.

Like other types of Managed Care Organizations, The Medicare PPO must cover all Medicare Part A and Medicare Part B services offered under original Medicare and covers some additional benefits. The PPO maintains a network of contracted providers but allows members greater flexibility to leave the network. Members are not required to select a Primary Care Physician (PCP).

Medicare Private Fee-For-Service coverage is available based on your zip code:

You can go to any Medicare provider anywhere in the U.S. any time without a referral. Doctors and hospitals decide if they will treat patients covered by the Medicare Private Fee-for-Service plan. The provider will receive the same payment as the amount approved under Original Medicare.

Veterans Prescription Drug Program:

Any veteran with an honorable or general discharge may be eligible. You can get prescription drugs free or for a small copayment amount. For more information contact your nearest VA facility or call toll-free 1-877-222-8387.

Assistance if You Have Limited Income and Resources

Medicaid

Income limits change for most programs each year. Adjustments are made for some types of income. If you think you might be eligible, you can apply at your parish Medicaid office.

Medicare Savings Programs:

To be eligible for these programs, your resources must be less than \$4,000 for an individual or \$6,000 for a couple. Resources do not include your home, car or household belongings.

If your monthly income is: (Amounts effective April 1, 2007)		Medicare Savings Programs May Pay
Less than \$870 (Individual)	Less than \$1,160 (Couple)	Your Medicare premiums, deductibles and coinsurance. You must use doctors who participate with Medicaid.
\$1041 – 1,168 or (Individual)	\$1,390 – 1,560 (Couple)	Your Medicare Part B premium. (\$93.50 per month in 2007)

SSI (Supplemental Security Income):

This program covers all your medically necessary health care including, prescription drugs and vision, hearing and dental care. The income limit for 2006 is \$619 for one and \$869 for a couple. Your resources must be less than \$2,000 for one and \$3,000 for a couple.

Medically Needy Program:

You may qualify for this program if you have high medical expenses not covered by insurance. Medical expenses are subtracted from your income to see if you meet the limit of \$619 income per month. Your resources cannot exceed \$2,000.00 for a single household and \$3,000.00 for a married couple. The outstanding medical bills that will be considered are those obtained the month of application and three months prior. There are also other criteria that are considered to establish eligibility.

Other Insurance Options

COBRA

If your employer group health coverage ends because you or a family member quits working, you may be able to continue coverage for up to 29 months by paying the premium yourself. When you become eligible for Medicare Part A, your COBRA coverage will end. You will need to enroll in Medicare Part B. If you don't enroll in Part B at this time, you may pay a higher premium later.

If you already have Medicare on or before the date you become eligible for COBRA, you may continue Medicare along with COBRA coverage.

If You Go Back to Work

Continued Eligibility for Medicare Part A:

You may remain eligible for Medicare Part A if you go back to work, as long as you are considered disabled. It may be possible for Part A to be **premium-free for up to 8 ½ years**. After 8 ½ years, you can continue Medicare Part A by paying the premium. It is \$393 per month in 2006. Medicaid may pay that premium if your income is below 200% of the federal poverty level.

You can continue to be enrolled and pay the premium for Medicare Part B as long as you are enrolled in Part A. If you have employer health benefits and don't need Part B, you may be able to drop it and enroll later if necessary. Call 1-800-772-1213 or your local Social Security Office with questions.

Medicaid for Employed Persons with Disabilities:

This program allows those under age 65 with disabilities to work and to have access to Medicaid assistance. You must have earned income from employment. Contact your local Social Security office or Parish Medicaid office for more information regarding eligibility.

SHIIP Can Help:

The Senior Health Insurance Information Program or SHIIP is an objective source of information. SHIIP doesn't sell insurance or make recommendations, but SHIIP does have factsheets on all the Medicare choices available to you. We will help you understand your options and refer you to other sources for additional assistance when needed.

You can meet with a SHIIP insurance counselor for confidential individual assistance. All information and counseling services are free.

Contact SHIIP through the following:

- Website: www.ldi.state.la.us
- Toll free: 1-800-259-5301



1-800-259-5301
(225) 342-5301
in Baton Rouge

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LOCAL HELP FOR PEOPLE WITH MEDICARE